

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
HEALTH CARE REFORM OPERATIONS**

**Service Request Tracking System (SRTS)**

**Create Service Request/Add Service Request:**

The form includes the following sections and fields:

- Tracking Confirmation:** Delete Flag ☐
- Client Information:**
  - Client Identifier:
  - First Name:
  - Gender:
  - Client Phone:
  - Medi-Cal Status:  **Leave blank for now**
  - Last Name:
  - Ethnicity:
  - DOB:
  - Preferred Language:
- Service Request Information:**
  - Staff Responding to Request:  **1**
  - Request Date:  **2**
  - Request Time:  **3**
  - Request Type:  **4**
  - Released From:  **5**
  - Requesting / Referring Party:
    - Role:  **6**
    - Urgent Referral?: ☐ Yes ☐ No
    - Name:
    - Referring Clinic:  **7**
    - Lookup...
- Attachment:**  **8**
- Disposition:**
  - Disposition of Request for Service:  **9**
  - Initial Appointment:
    - Date:  **10**
    - Time:  **11**
    - Provider No. Associated to Appointment:  **12**
    - Lookup...
    - Justification:
- Comments, Cultural Considerations/ Special Needs:**  **13**

- The name will pre-populate with the SRTS user name, but should be changed if that individual was not the one that responded to the request for service.
- The date the individual requested services should be listed along with the time, when known. If it was a walk-in, then the time should be known. If it was a referral from PCP, the time of request or referral is probably not indicated.
- Select whether the request came via Call, Walk-in, or In Writing.
- If the client was released from Jail, Juvenile Justice program or Inpatient facility within 15 days of the request, make the appropriate selection from the drop-down. These individuals must receive an assessment appointment **within five (5) business days**. Select "NA" for all other requests, which must receive an appointment **within 15 business days**.
- The fields shown in the Requesting/Referring Party section will vary, depending on the "Role" selected.
  - Self: No additional fields
  - Collateral & Other: Name field
  - All remaining selections: Name and Referring Clinic fields
- Attach any documentation here relevant to the record. Click the "Browse" button to upload file(s).
- The options for disposition are:
  - Assessment appointment given at site
  - Crisis referral to 911 or field response
  - Does not meet program criteria. Referral made for appropriate non-DMH service provider
  - Referred back to private insurance
  - Individual declined DMH services (*NOTE: also applicable if the client walked out*)
  - Referral made to appropriate DMH service provider, unable to transfer record
  - Unable to reach individual
- The Initial Appointment information can only be entered if "Assessment appointment given at site" was selected as the **Disposition**. The date, time and provider number are required when an assessment appointment has been scheduled. If the Initial appointment exceeds the allowable number of days from the request date, a justification is required.
- Any cultural considerations and special needs for the client must be documented in this section. Additional comments can also be included. This field will never be locked and can be edited at any time.

**Questions? E-mail [SRTS@dmh.lacounty.gov](mailto:SRTS@dmh.lacounty.gov)**

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**Transfer Service Request:**

⇒ The transfer function is used when a request for service is initiated at a site that will not be offering the initial appointment. *Examples include: An individual or family member calls a Navigator or the ACCESS Center. An individual requests a service from a clinic, but they are unable to serve the client and are able to link them with a specific provider.*

**DO NOT ENTER A DISPOSITION WHEN TRANSFERRING TO A TREATING PROVIDER.**

You will select why you are transferring the record in the “Transfer Reason” drop-down. The treating provider will enter the disposition.

⇒ Full Service Partnership programs will also use the transfer function for authorizations, notification (FSP/ FCCS pilot), disenrollments, transfers, and inactive status. Please ask your Impact Coordinator for more information.



Selecting **Transfer** will open another section of the SRTS, shown below.

The screenshot shows the "Transfer" form in the SRTS system. It includes fields for "Transfer From" (1), "Transfer To" (2), "Transfer Reason" (4), "Staff" (1), "Transfer By" (1), "Comment" (5), and "Transfer Date" (6). There are also dropdown menus for "Location" and "Service Locator" (3). The "Transfer From" field is pre-populated with "SRTS Administrator". The "Transfer To" field is empty with the text "\*\* Please Select \*\*". The "Transfer Reason" field is empty with the text "\*\* Please Select \*\*". The "Staff" field is pre-populated with "Krista Scholton". The "Transfer By" field is pre-populated with "kscholton". The "Comment" field is empty. The "Transfer Date" field is empty.

1. These fields will pre-populate based on the SRTS user's information.
2. Select the location the record is being transferred to from the drop-down. Only sites with staff registered in the SRTS will be listed in the drop-down. Once you select **Save**, an automatic e-mail notification will be sent to all SRTS registered users at the Location selected from the drop-down. You will also be copied on the notification e-mail.
3. The Service Locator webpage allows you to search for a provider based on proximity to a specific address.
4. Select a transfer reason from the drop-down. The transfer reasons for directly-operated and contracted agencies are:
  - Individual would like services in a different Service Area.
  - Language need not available. Please indicate language needed:
  - Specialty services are not available (e.g. TAY, Older Adult, LGBTQI, etc.). Please indicate specialty need in comments.
  - Individual prefers an alternate provider/location
  - Individual requires a different level of care
  - An alternate location is able to provide an earlier appointment (option: We are unable to offer an initial appointment within the required timeframe)
  - This program is unable to serve the individual. Please select the most appropriate reason and explain in comments section. (Options: Not accepting clients at this time; Individual does not meet program criteria; Other)
5. Enter comments specific to the transfer here.
6. Enter the date of transfer.

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